			g is the second way as in the second	Ü
AR	ZONA STATE BO	DARD OF HEALT	H State File No	300
PLACE OF BIRTH	BUREAU OF VITA		Registered No	271
Mariana	STANDARD CERTIF	CATE OF BIRTH	Registered NoI	
ounty Marrie	**************************************	State		
latrict or Township	······································	or Village		
by Chrency	> ()	raphis / Look	etal .	
1 0	(If birth occurred in	n a cospital or institution, a	ive its NAME instead of street	and number)
Full name of child Alale	everette M	carenda	{If child is not yet supplemental report	market
Sex of Child   To be answered ONLY )	4. Twin, triplet or other	6. Legitimate?		urected.
Hale   in event of plural   births.			7. Date /6 7	27
	5. No., in order of birth		Month Day	Year
FATHER	}	14.	MOTHER	· —
ull name Clement n	arend_	Full maiden name	1.00	
Residence But 310 Rout	کے بھ	If Parison 12 10	Joanson	
(Usual place of abode)		15. Residence (Usual place of ab	nde) 10 Koute	
If non-resident, give place and state.		If non-resident, give place and state.		
. Color or race		16. Color or race		-
White 11. Age at last i	oirthday 38 (Years)	٠,,,		<b>3</b> - 3 - 3
1.(· _D_		w	17. Age at last birthday	(Years)
. Birthplace (city or place)	ione	18. Birthplace (city or at	ate) contle le	eek
(State or country) de Cakato		(State or country)	8.0.6.0	
Occupation Mark +			No receives	
Nature of industry		19. Occupation	Houseml	•
Lung Me	enemon Ca	Nature of industry		<u> </u>
. Number of children of this mother.	(A) Born alive and	d now living	0. 77	
aken as of time of birth of child herein's	(b) Born alive but	t now dead	21. Were precautions taken thalmia neonatorum.	against oph-
rtified and including this child).	c) Stillborn	***************************************	yes	
CERT	THICATE OF ATTENDIN	G PHYSICIAN OR MIDWI		
hereby certify that I attended the birth of th	is child, who was(Ro	orn alive or stillborn)	a, m. on the date	above stated.
* When there was no attending physician or midwife, then the father, householder,	Signature	•	1.6100	10
etc. should make this return. A stillborn child is one that neither breathes ner			The second secon	1
hows other evidence of life after birth,	*******************	***************************************	A	<b>5/</b> .
ven name added from, supplemental report	Address	<b>1</b>	Physician or midwife).	
Month, day,	year	200	Oco Marie	
Registrar.	Filed / O	$\sim 22$ , $_{19}2/,$	SMYXIM	reth
INTERIOR LIBIT.	,		R	egistrar.

4

T)